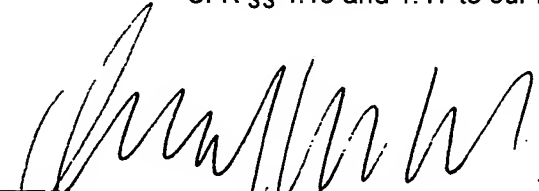
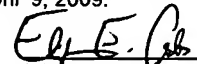




AMENDMENT TRANSMITTAL LETTER				Docket Number BCM-003US		
Application Number 10/561,934	Filing Date April 17, 2006	First Named Inventor: Eduardo RUIZ		Group Art Unit 1791		
Invention Title: MANUFACTURE OF COMPOSITES BY A FLEXIBLE INJECTION PROCESS USING A DOUBLE OR MULTIPLE CAVITY MOLD				Examiner Maria V. EWALD		
TO THE COMMISSIONER FOR PATENTS						
Transmitted herewith is an amendment in the above-identified application, including:						
<input checked="" type="checkbox"/> (X) Amendment and Response;						
<input checked="" type="checkbox"/> (X) Amendment Transmittal;						
<input checked="" type="checkbox"/> (X) Petition for Extension of Time under 37 C.F.R. 1.136(a);						
<input checked="" type="checkbox"/> (X) Information Disclosure Statement with Form 1449;						
<input checked="" type="checkbox"/> (X) Cited reference and translation;						
<input checked="" type="checkbox"/> (X) Form PTO 2038;						
<input checked="" type="checkbox"/> (X) Return Postcard.						
CLAIMS AS AMENDED						
	(1)		(2)	(3)		
	CLAIMS REMAINING AFTER AMENDMENT		HIGHEST NUMBER PREVIOUSLY PAID FOR	PRESENT NUMBER EXTRA	RATE	FEE
TOTAL CLAIMS	34	Minus	71	0	x \$ 52	\$
INDEPENDENT CLAIMS	2	Minus	7	0	x \$220	\$
MULTIPLE DEPENDENT CLAIM ADDED					\$390	\$
					TOTAL	\$
If applicant has small entity status under 37 CFR 1.9 and 1.27, then divide total fee by 2, and enter amount here.				SMALL ENTITY TOTAL		\$
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the highest number previously paid for Total Claims in column 2 is less than 20, enter "20." *** If the highest number previously paid for Independent Claims in column 2 is less than 3, enter "3." The "highest number previously paid for" (total or independent) is the highest number found in the appropriate box in column 1.						
() Please charge Deposit Account Number 503596 in the amount of \$_____.						
() Please charge \$ _____ to our credit card. Attached is PTO Form 2038.						
() A check in the amount of \$ _____ to cover the filing fee is enclosed.						
(X) Please credit any overpayment and/or charge any additional filing fees required under 37 CFR §§ 1.16 and 1.17 to our Deposit Account Number 503596 .						
 Donald W. Muirhead, Reg. No. 33,978 April 9, 2009 Date				<div style="border: 1px solid black; padding: 5px;"><p>I hereby certify that this correspondence is being deposited with the United States Postal Service as first class mail in an envelope addressed to: Mail Stop Amendment, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on April 9, 2009.</p> Elijah E. Cocks</div>		
Customer No. 54004						